



**Group:** Salt Lake Community College  
**Plan:** Vision  
**Effective Date:** 7/1/2018

|   | In-Network   | Out-of-Network                                      |
|---|--|---|
| <b>Network</b>  | <b>VSP Choice Plus</b>   |   |
| <b>Examination</b>  |  |   |
| Eye Exam  | \$20 Co-pay  | Up to \$45 reimbursement                            |
| Contact Exam / Contact Fitting                                | \$20 Co-pay Covered in Full  | None  |
| <b>Lenses (Glass or Plastic)</b>                              |  |   |
| Single Vision   | Covered after one time \$25 materials copay  | Up to \$30 reimbursement                            |
| Lined Bifocal   | Covered after one time \$25 materials copay  | Up to \$50 reimbursement                            |
| Lined Trifocal  | Covered after one time \$25 materials copay  | Up to \$65 reimbursement                            |
| Lenticular  | Covered after one time \$25 materials copay  | Up to \$100 reimbursement                           |
| <b>Lens Options</b>   |  |   |
| Progressive (Standard no-line)                                | \$55 Co-pay  | Up to \$50 (In lieu of Lined Bifocal reimbursement) |
| Premium Progressive Options                                   | \$95-\$105 Co-pay  |   |
| Custom Progressive Options                                    | \$150-\$175 Co-pay   |   |
| Plastic Gradient Dye  | \$17 Co-pay  | Not Covered   |
| Solid Plastic Dye   | \$15 Co-pay  |   |
| Photochromic Lenses   | \$70 Co-pay SV/\$82 Co-Pay Multifocal  |   |
| Polycarbonate for Adults                                      | \$31 Co-pay SV/\$35 Co-Pay Multifocal  |   |
| Polycarbonate for Children (under 18)                         | \$0 Copay  |   |
| <b>Coatings</b>   |  |   |
| Scratch Resistant Coating                                     | \$17 Co-pay  | Not Covered   |
| Anti-Reflective Coating                                       | \$41 Co-pay  |   |
| UV Protection   | \$16 Co-pay  |   |
| Tint  | \$0 Co-pay   |   |
| <b>Frames</b>   |  |   |
| Allowance Based on Retail Pricing                             | \$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart                             | Up to \$70  |
| Additional Pairs of Glasses                                   | 20 % discount at VSP Providers   | No discount   |
| <b>Contacts</b>   |  |   |
| Prescription contact lenses are covered up to plan allowance. | \$130 Allowance towards Conventional or Disposable   | Up to \$105 reimbursement                           |
| Medically Necessary   | \$0 copay  | Up to \$210 reimbursement                           |
| <b>Frequency</b>  |  |   |
| Exam, Lenses or Contacts                                      | Every 12 Months  |   |
| Frames  | Every 24 Months  |   |
| <b>Refractive Surgery</b>                                     |  |   |
| LASIK   | 15-20% discount off retail or 5% discount off the promo price  |   |
| <b>Notes</b>  | This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions. |   |

Underwritten by: Educators Mutual Insurance Association